Stepping Up: Mainstream care for Aboriginal people

Research Project Brief

Background

There are two important issues about health care for Aboriginal people (especially those from remote areas) provided by the mainstream health system (especially city hospitals):
1. What are the gaps in the system that make it harder for Aboriginal people to receive good hospital care?
2. What could mainstream hospitals (and other providers) do better to make their care more effective and safer for Aboriginal people to use?

This project, which is funded for three years by SA Health, aims to answer those two questions.

The mainstream health system has responded slowly to the transfer of responsibility for Aboriginal and Torres Strait Islander health from DAA/ATSIC to the health portfolio. There is increasing attention to the burden of illness Aboriginal people experience and the need for effective health care, but change is patchy. The current realities of poverty, social exclusion, burden of illness, racism and geography, combined with the history of exclusion of Aboriginal people by the mainstream health system, mean that Aboriginal people do not have equitable access to health care; and conversely are hospitalised more often than non-Aboriginal people. Aboriginal people are often sicker or clinically more complex and in any case have some different care needs related to their life circumstances and culture. Experiences of shaming, misunderstanding and stereotyping make engagement with the health system less effective than it can and should be.

This project is designed to contribute to continuing efforts to address these problems. It will aim to strengthen understanding of the barriers against access to good quality care in the mainstream health system for Aboriginal people; and to develop and/or evaluate interventions to support mainstream organisations and staff to provide good quality care.

Objectives

The objectives are based closely on research questions formulated by the Strategic Health Research Program within the Department of Health.

Stage 1
1. To analyse the pattern of utilisation of inpatient care by Aboriginal people in South Australia, highlighting the indicators of quality and access difficulties, and make this information freely available in accessible formats.
2. To estimate the relative costs of providing inpatient care to Aboriginal and non-Aboriginal patients, with a focus on high-use and high-cost clinical areas.
3. To work with Aboriginal health organisations and public hospitals to develop an accurate understanding of the barriers or problems experienced by mainstream organisations and staff, and Aboriginal patients and staff, that prevent or impede mainstream capacity to provide accessible good quality clinical care to Aboriginal patients.
4. To analyse the major gaps or inadequacies in models of care for Aboriginal people who require hospitalisation, particularly those from rural and remote areas.

Stage 2 (based on the outcomes of Stage 1)
5. Propose, and model the costs of, required additional or substitute services.
6. Trial and/or evaluate methods of supporting mainstream organisations and staff to provide good clinical care for Aboriginal patients, building on existing innovation.

Proposed Research Plan

- **Stage 1: Utilisation & Cost, Quality of Care (focused on problems)**

Objectives 1 & 2- Data Collection
Data from the South Australian Department of Health Integrated South Australian Activity Collection (ISAAC) will be accessed to provide details of admitted patients by Indigenous status, age, sex, length of stay, separation type, principal and other diagnoses, principal and other procedures, socioeconomic status, accessibility/remoteness and cost weights. Data will also be sought from the Northern Territory of inpatient separations from NT hospitals of SA residents. Similar data will also be sought from Oacis, including information as to variations in patterns of separation by individuals (with one, two or more separations), by age, sex, length of stay, separation type, socioeconomic status and Indigenous status. Oacis also provides details of attendances to Outpatient Department clinics at metropolitan hospitals, including clinic attended (speciality), age, sex, socioeconomic status and Indigenous status.

The ISAAC data will be analysed to identify variations in admitted patient rates by age, sex, length of stay, separation type, principal and other diagnoses, principal and other procedures, socioeconomic status and Indigenous status in relation to:
- costs, using the case weight information;
- quality, using readmissions (supplemented by qualitative information (see below));
- access, using ARIA+ (a limited approach, measuring access by distance, which can also be supplemented by qualitative information, (see below).

Objective 3- Barriers to Quality of Care
There is evidence that Aboriginal patients are treated differently in hospitals, although the reasons for the disparities are not clearly understood. There is some guidance available for mainstream care providers as well as some analysis of the sources of the disparities. We will build on this existing work, through qualitative research with Aboriginal health organisations and workers, and with health professional and managerial staff of public hospitals, using semi-structured interviews and/or focus groups. The questions or discussion points will be informed
by a literature review and testing with a small pilot sample of Aboriginal and non-Aboriginal informants. The aim will be to provide opportunities for all participants to speak honestly and thoughtfully about their experiences of seeking or providing or managing care for Aboriginal people, and the difficulties they have encountered.

Interviews/focus groups will be audio recorded with permission, and notes will be taken concurrently. These data will be analysed thematically, to identify and characterise the participants’ perceptions of major barriers to effective care, the underlying causes, and the enablers and strategies. Results will be documented and published in appropriate ways to maximise their availability to policy-makers, practitioners and managers, and communities.

**Objective 4- Gaps in Care**

This work will build on the results of work on Objectives 1 and 3, as well as existing literature. We will map a small number of actual patient journeys, focused on high-cost, high-volume areas which have been identified as potentially valuable through previous work in this project. A conceptual model of the pathways to and from hospital care for Aboriginal people will be developed and/or adapted. Possible gaps will be identified and tested and the high priority service needs will be documented.

- **Stage 2: Quality and Services (focused on solutions)**

**Objective 5- Cost modelling**

Gaps identified in work on Objective 4 will be cost-modelled, and any offsets will be identified. A value for money analysis will be done to confirm or refine the priority service development opportunities.

**Objective 6- Trials and evaluations**

Work on this objective will be informed by the results of Stage 1 and existing innovation work underway in South Australia and elsewhere. Where appropriate, existing trials or innovations will be evaluated for impact, adding value in a way rarely available to service providers and policy makers. In other cases, trials will be developed with industry partners and evaluated. It is not possible as yet to specify evaluation methods as they will vary according to the nature of the innovation or trial and the state of existing knowledge about effectiveness. The outcome of this work will be documentation of a small series of innovations with known effectiveness that can be made available to mainstream hospitals and other providers in South Australia and elsewhere.

**Anticipated Benefits/Outcomes of Research**

- assist the mainstream health system, including policy-makers, providers and clinicians, to meet the health care needs of Aboriginal people more effectively
- provide evidence-based guidance for organisations that seek to address the impact of institutional racism, and for health systems that seek to improve Aboriginal health care
- provide insights for policy makers on the unforeseen ways that institutional racism is embedded in apparently fair and equitable policies
• support the work of Aboriginal-specific primary care providers in their engagement with the acute sector
• contribute to the capacity of the mainstream health system to provide good health care for Aboriginal people and contribute to improving their health.

Anticipated Intellectual Property Outcomes

Intellectual property will be regarded as public good information and made freely available.

Co-Production of Research

We have engaged with representatives of policy-makers (Aboriginal Health Division and clinical streams), and of service providers both mainstream and Aboriginal-specific. The Project Management Group will provide a strong basis for ongoing engagement with end-users. The project will directly engage service providers in thinking about and contributing to research outcomes.

People involved

Research Team

Prof Judith Dwyer, Flinders University
Mr John Glover, Adelaide University
Prof Malcolm Battersby, Flinders University
A/Prof Eileen Willis, Flinders University
A/Prof Simon Eckermann, Flinders University
Dr Tamara Mackean, University of Western Australia
Ms Monica Lawrence, Southern Adelaide Health Service
Dr Janet Kelly, Flinders University

Management Group Members

Mr Alwin Chong, Aboriginal Health Council of South Australia
Mr Robert Zadow, Country Health South Australia
Ms Zell Dodd, Central Northern Adelaide Health Service
Ms Karen Glover, Child Youth Women’s Health Service
Mr Shane Mohor, Southern Adelaide Health Service
Ms Laney MacKean, Flinders Medical Centre
Dr Chris Zeitz, TQEH/Cardiac Clinical Stream
Ms Catherine Turnbull, SA Health/Clinical Senate
Mr Graham Bennett, Aboriginal Health Division
Ms Sharon Perkins, Hills, Mallee, Southern Regional Health Service
Ms Shelley Horne, Department of Health
Prof Charlotte de Crespiigny, DASSA and Adelaide University
Ms Kim O’Donnell, Flinders University

Members of the research team are invited to attend meetings.
Involvement of Aboriginal People

Aboriginal people have been involved in thinking about and planning this project from the beginning, and some will be involved as researchers and/or industry partners in this research. Telephone and face-to-face discussions have been held, at which research questions, project methods, management and partnership arrangements have been collaboratively developed and specified.

Attention has also been given to the ethical obligation to ensure direct and substantive benefits for the organisations, communities and people involved in the research. The methods of meeting this obligation will include, but are not limited to:

- Aboriginal representatives on the Project Management Group
- Employment of at least one Aboriginal research officer and/or research assistant
- Support for and documentation of the work of Aboriginal health staff in the partner agencies
- Involvement of Aboriginal advisors and staff in the design, and trialling, of innovative approaches to improving mainstream care for Aboriginal people in partner agencies
- Engagement in defining and demonstrating better organisational and health care approaches and practices
- Improved understanding of hospital clinicians and managers about the need to provide equitable and supportive access for Aboriginal people

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